| Electronic Patent Application Fee Transmittal |  |          |          |        |                         |  |  |  |  |
|---|--|----------|----------|--------|-------------------------|--|--|--|--|
| Application Number:                           | 10749099   |          |          |        |                         |  |  |  |  |
| Filing Date:                                  | 30-Dec-2003  |          |          |        |                         |  |  |  |  |
| Title of Invention:                           | Separation of validated information and functions in a healthcare system |          |          |        |                         |  |  |  |  |
| First Named Inventor/Applicant Name:          | Dan M. Mihai   |          |          |        |                         |  |  |  |  |
| Filer:  | Robert W. Connors/Carrie Mollo   |          |          |        |                         |  |  |  |  |
| Attorney Docket Number:                       | EIS-5909F (1417G P 982)  |          |          |        |                         |  |  |  |  |
| Filed as Large Entity                         |  |          |          |        |                         |  |  |  |  |
| Utility under 35 USC 111(a) Filing Fees       |  |          |          |        |                         |  |  |  |  |
| Description                                   |  | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |  |  |
| Basic Filing:                                 |  |          |          |        |                         |  |  |  |  |
| Pages:  |  |          |          |        |                         |  |  |  |  |
| Claims:                                       |  |          |          |        |                         |  |  |  |  |
| Miscellaneous-Filing:                         |  |          |          |        |                         |  |  |  |  |
| Petition:                                     |  |          |          |        |                         |  |  |  |  |
| Patent-Appeals-and-Interference:              |  |          |          |        |                         |  |  |  |  |
| Post-Allowance-and-Post-Issuance:             |  |          |          |        |                         |  |  |  |  |
| Extension-of-Time:                            |  |          |          |        |                         |  |  |  |  |
| Extension - 3 months with \$490 paid          |  | 1253     | 1        | 620    | 620                     |  |  |  |  |

| Description                       | Fee Code | Quantity          | Amount | Sub-Total in<br>USD(\$) |  |  |
|-----------------------------------|----------|-------------------|--------|-------------------------|--|--|
| iscellaneous:                     |          |                   |        |                         |  |  |
| Request for continued examination | 1801     | 1                 | 810    | 810                     |  |  |
|                                   | Tot      | Total in USD (\$) |        |                         |  |  |